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UTILITY **PATENT APPLICATION TRANSMITTAL**

965-001 Attorney Docket No. Richard Wagner First Inventor Adjustable Rear View Imaging Assembly

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No. ET 025 780280 US

| (Only for new nonprovisions | | | | |
|---|--|---|--|--|
| APPLICATION ELEMENTS | | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application | | |
| See MPEP chapter 600 concerning utility patent application contents. | | Washington, DC 20231 | | |
| 1. X Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. X Applicant claims small entity status. See 37 CFR 1.27. 3. X Specification [Total Pages 27] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention | | 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS | | |
| - Brief Description - Detailed Descrip - Claim(s) - Abstract of the D | of the Drawings (<i>if filed</i>) tion | 9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney | | |
| 4. X Drawing(s) (35 U. | S.C. 113) [Total Sheets 4] | 11. English Translation Document (if applicable) Information Disclosure Copies of IDS | | |
| 5. Oath or Declaration | · · · · · · · · · · · · · · · · · · · | Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment | | |
| Copy from a | ted (original or copy) prior application (37 CFR 1.63 (d)) ion/divisional with Box 18 completed) | 14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) | | |
| i DELETION OF INVENTOR(S) | | 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) | | |
| Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | | 16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. | | |
| 6. Application Data Sheet. See 37 CFR 1.76 | | 17. Other: | | |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) Of prior application No Prior application information: Examiner Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | | |
| | 19. CORRESPONI | | | |
| Customer Number or Bar Co | de Label (Inseit Customer No. or Attach) | or X Correspondence address below | | |
| Name | Ward & Olivo | | | |
| | Suite 300 | | | |
| Address | 382 Springfield Avenue | | | |
| City | Summit | State New Jersey Zip Code 07901 | | |
| Country | U.S.A. \ \ \ \ Te | elephone (908) 277-3333 Fax (908) 277-6373 | | |
| Name (Print/Type) | John W. Olivo, Jr. | Registration No. (Attorney/Agent) 35,634 | | |
| Signature | | Date 3/5/09 | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



PTO/SB/17 (10-01)
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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

Signature

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| Complete if Known | | | | |
|----------------------|----------------|--|--|--|
| Application Number | TBD | | | |
| Filing Date | TBD | | | |
| First Named Inventor | Richard Wagner | | | |
| Examiner Name | TBO | | | |
| Group Art Unit | TBD | | | |
| Attorney Docket No. | 965-001 | | | |

| METHOD OF PAYMENT | FEE CALCULATION (continued) | | | | |
|---|--|----------|--|--|--|
| 1. The Commissioner is hereby authorized to charge indicated fees and credit any overnayments to: | 3. ADDITIONAL FEES | | | | |
| indicated fees and credit any overpayments to: Deposit | Large Small Entity Entity | | | | |
| Account Number | Fee Fee Fee Fee Fee Description Fee Pa | aid | | | |
| Deposit | Code (\$) Code (\$) | \neg | | | |
| Account Ward & Olivo | 105 130 205 65 Surcharge - late filing fee or oath | ᅱ | | | |
| Charge Any Additional Fee Required | 127 50 227 25 Surcharge - late provisional filing fee or cover sheet | _ | | | |
| Grace of office and fine | 139 130 139 130 Non-English specification | _ | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | 147 2,520 147 2,520 For filing a request for ex parte reexamination | | | | |
| 2. Payment Enclosed: Check Credit card Money Order Other | 112 920* 112 920* Requesting publication of SIR prior to Examiner action | | | | |
| FEE CALCULATION | 113 1,840* 113 1,840* Requesting publication of SIR after Examiner action | \dashv | | | |
| 1. BASIC FILING FEE | 115 110 215 55 Extension for reply within first month | \dashv | | | |
| Large Entity Small Entity | 116 400 216 200 Extension for reply within second month | \dashv | | | |
| Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid | 117 920 217 460 Extension for reply within third month | \dashv | | | |
| 101 740 201 370 Utility filing fee 370.00 | 118 1,440 218 720 Extension for reply within fourth month | 一 | | | |
| 106 330 206 165 Design filing fee | 128 1,960 228 980 Extension for reply within fifth month | \dashv | | | |
| 107 510 207 255 Plant filing fee | 119 320 219 160 Notice of Appeal | \dashv | | | |
| 108 740 208 370 Reissue filing fee | 120 320 220 160 Filing a brief in support of an appeal | \dashv | | | |
| 114 160 214 80 Provisional filing fee | 121 280 221 140 Request for oral hearing | \dashv | | | |
| SUBTOTAL (1) (\$) 3 70.00 | 138 1,510 138 1,510 Petition to institute a public use proceeding 140 110 240 55 Petition to revive - unavoidable | 一 | | | |
| 2. EXTRA CLAIM FEES | | コ | | | |
| Fee from | 177 1,200 277 070 | \neg | | | |
| Extra Claims below Fee Paid Total Claims 41 -20** = 21 × 9 = 189.00 | 143 460 243 230 Design issue fee | | | | |
| Independent 3 - 3** = X | 144 620 244 310 Plant issue fee | | | | |
| Claims Multiple Dependent = | 122 130 122 130 Petitions to the Commissioner | | | | |
| | 123 50 123 50 Processing fee under 37 CFR 1.17(q) | | | | |
| Large Entity Small Entity Fee Fee Fee Fee Description | 126 180 126 180 Submission of Information Disclosure Stmt | | | | |
| Fee Fee Fee Fee Description Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20 | 581 40 581 40 Recording each patent assignment per property (times number of properties) | | | | |
| 102 84 202 42 Independent claims in excess of 3 | 146 740 246 370 Filing a submission after final rejection | | | | |
| 104 280 204 140 Multiple dependent claim, if not paid | (37 ČFR § 1.129(a)) | \dashv | | | |
| 109 84 209 42 ** Reissue independent claims over original patent | 149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b)) | | | | |
| 110 18 210 9 ** Reissue claims in excess of 20 | 179 740 279 370 Request for Continued Examination (RCE) | | | | |
| and over original patent | 169 900 169 900 Request for expedited examination of a design application | | | | |
| SUBTOTAL (2) (\$) \ | Other fee (specify) | | | | |
| **or number previously paid, if greater; For Reissues, see above | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) | | | | |
| | | | | | |
| SUBMITTED BY Complete (if applicable) Registration No. OF 524 Telephone 1009 277 2222 | | | | | |
| Name (Print/Type) John W. Olivo, Jr. | Registration No. (Attorney/Agent) 35,534 Telephone 908-277-3333 | | | | |

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